

# Effects Of Devolved Government Practices On Health Service Provision In Pastoral Communities: A Case Study Of Wajir County

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## ABSTRACT

The devolved functions have been facilitated by transfer of funds and enactment of various laws. One of the functions of County Government is provision of health services. The County leaders lack objectivity and impartiality in decision making thus decisions on how much to allocate to the health sector in each sub-county is marred with subjectivism and partiality. This triggers the need to investigate the influence of resource allocation and strategic leadership on the provision of health services in County Government. The study was anchored on the theory of planned behaviour and institutional theory. Descriptive survey was adopted where 65 respondents were chosen through random sampling that was stratified as per the departments in the County offices. Data was collected, edited, coded and then analysed using inferential and descriptive statistics with the aid of SPSS. The research study established that resource allocation and strategic leadership have a great influence in the provision of health services. The study recommends that Governor and county officials should develop and formulate guidelines, governing structure and strategic plans for effective implementation of county resources and revenue that will enable provision of quality healthcare, proper use resources allocated and management of the existing health facilities and resources.

**Keywords:** Devolved Government, Health Service, Pastoral Communities, Resource Allocation, Strategic Leadership, Communication, Human Resource Policies.

## 1. INTRODUCTION

Devolved government health policy 2012-2030 provides a way forward for provision of the quality health standard through provision of equitable, quality and affordable services at attainable standard for all Kenyans with inclusion of monitoring and evaluation that aligns county and national levels objectives (Government of Kenya, 2011). The procedure gives an institutional framework that specifies the new management and institutional arrangements required under the devolved system which is aligned to Kenyan vision 2030. The devolved system governance occurs at the national level where the ministry of health is responsible for provision of guidance and stewardship and at the county level the departments at health departments are mandated for coordination and management of healthcare services. Both levels of government though independent they are responsible for achievement of the management and governance objective Kenya health policy 2012-2030. The funding of the County government comes from central government that is determined by commission for revenue allocation that take into account poverty level, county population, area of the land, fiscal responsibility and basic equal share. Whereas the devolved governments have strategic plans, their service delivery falls below customers' expectations. This is attributable to the fact that there is either poor planning in matters of health or poor implementation.

Principles of governance including good governance, integrity, transparency and accountability as articulated in the constitution of Kenya the pillars that bind all the state organs and public office holders. In the chapter six of the constitution that touches on integrity and leadership, it gives Kenyans what is expected from their leaders and public office holders, it thus emerges that leadership as outlined in Chapter six of the constitution is a key pillar of devolution. According to Devolution Policy (2015), leadership principles including impartiality and objectivity while making decision that is not influenced by trustworthiness, favouritism, prejudice, accountability, avoidance of conflict of interest and provision of service to the people are all key contributors to effective devolution. The leadership and governance role of local Government needs to provide quality service to the local people and the county and government leaders providing a leadership role in provision of best performance. In Kenya, national government is responsible for implementing reforms programmes with the view of enhanced delivery of quality service but the efforts have encountered several challenges. Leadership is key in delivering quality goods and services required by citizens hence pivotal to achieving performance. Bashasha, Najjingo, and Nkonya (2011) established that devolution of Governance decentralizes the five principles of leadership therefore, it is important for leaders to focus on practical leadership and management skills that are required for working in complex environments.

Devolution of healthcare services allows county governments to propose interventions and replicas that suit the exceptional health care needs in their contexts; which involves identification of enough area for determination of health management system and local priorities; quick decision making on mobilization of resources, spending and allocation and provision of leadership when management issues arise. Atieno, Nancy and Spitzer (2014), explains that devolving the health function also presents institutional and resource allocation and utilization challenges that must be dealt with to assure effective and sustainable healthcare service delivery at the county level.

### **1.1 STATEMENT OF THE PROBLEM**

Under the constitution dispensation 2010 healthcare provision is under devolved system of government and this is an emerging idea for most of the counties if not all. The programmes under county healthcare are established by county health managers that are faced with challenges in decision making that is affected by resource allocation that is critical to the running of the health centers. Health is a vital to economic development and if the healthcare is at a limbo then the economic aspect of the county is at a great risk, reports shows that Kenya's indicators' of health have been on a deteriorating mode over the last five years. The report from the ministry of health indicates that provision of free and quality health care has been on the pipeline for sometimes now and access of physical availability of facilities within seven Kilometres radius has been achieved in most counties. This achievement of course does not reflect counties such as Wajir which consists of pastoralist communities who are sparsely populated and hardly inhabit one single place (Andersen & Gatignon, 2012).

A majority of the local communities are in constant motion in search of water and pasture. It further adds that access in some counties may be improved if the leadership prioritizes health as required. Notably, if there are leadership wrangles at the county levels, there was distracted considerations that will affect county development initiatives that also create employment that contribute income to the central and local government. Markedly, the health sector has been in disasters since it being devolved to the counties devolved as evident by doctors and nurses strikes every single day and the increased levels of mortality across the country. Report from local dailies have shown that some counties are faced with leadership wrangles and unending court cases, governors and the members of County Assemblies keep fighting over financial matters.

County leadership lack objectivity and impartiality in decision making thus decisions on how much to allocate to the health sector in each sub-county are marred with subjectivism and partiality. Most of the decisions reached are influenced by nepotism hence regardless of the domination of health problems, the leaders distribute resources based on tribes or clans. The researcher thus sought to examine the effects of devolved County governments on the performance of health sector with reference to pastoralist community of Wajir County.

## **2. LITERATURE REVIEW**

### **2.1 THEORETICAL REVIEW**

The study was anchored on theory of Planned Behaviour (Ajzen, 1984). This theory is designed to explain and predict human behaviour within a given specific context, the theory suggest that verdict are not in any way made impulsively, but they are as result of assertiveness or subjective norms and perceived behavioral control which primarily affect behaviour through the impact on intention. The theory indicates that when someone intends to engage in a particular behaviour, they are more likely to engage in it.

The theory of planned behaviour explains how leadership can change the behavior of people and it predicts the deliberate behaviour because behaviour can be planned and deliberate. According to theory of planned behaviour there are three kinds of consideration that guide human behaviour which include behavioral beliefs that are about consequences of the behavior; normative beliefs that are about the normative expectations of others and control beliefs that deal with factors that determine a specific kind of behaviour. These three considerations are crucial circumstances, programs and projects when changing people behaviour (Ajzen, 1984).

According to Ajzen (1984) behavioral beliefs produces favourable and unfavourable attitudes toward the behavior, normative beliefs result in perceived social pressure and subjective norm and the greater the perceived control beliefs that give rise to perceived behavioral control. The formation of behavioral intention is determined by perception of behavioral control that is a combination of attitude toward behaviour, subjective

norm and behavioral control. Interest behaviour in this study applied the underlying theory to launch and decide the dynamics under the current study.

Theory of planned behaviour was adopted in the model framework for development purpose and it does not assume the decision making that is rational, but rather it incorporates both unforced and thoughtful decision making. According to Folanand (2015) human behaviour is assumed to follow a consistent, reasonable and often automatic path which may be biased, irrational and inaccurate. Human behaviour is based on various behavioral criteria such as occurrence, extent and contradiction. Interest behaviour in this study applied the underlying theory to launch and decide the dynamics under the current study.

This study was also based on Institution theory (Goguen and Burtall, 1984). Institution theory has put more emphasis on the important of organization environment in shaping firms structure and actions. The theory states that organization decisions are not purely driven by rational goals of efficiency but by cultural and social factors and apprehensions for acceptability. Organizations are elated by structures, routines, cultures and operate at several levels. According to institutional theory organizations become the same because of pressure for sincerity and isomorphic. Which implies that organization that deal with same products or services tend to be homologous within a period of time, customer needs and requirements facilitate copying other organization leaders. According to Othman (2006) organizations are likely to be induced to adopt what fellow organization by external isomorphic pressures from competitors, government, trading partners and customers (Terance, 2013). The study adopted this theory because it explains the changes brought about in organization by social values, regulations that affect decision and technological advancements.

## **2.2 EMPIRICAL LITERATURE REVIEW**

### ***Contribution of Resource Allocation on the Health Service Provision***

Improper allocations of resources can be as a result of poor documentations, lack of facilities, poor infrastructure, unqualified staff and poor leadership skills (Muula, 2007). He asserts that possibility of the operational challenge to reform the organizational procedure is entrenched in the central government configurations. A study by Mosca (2007) explained that supply related, demographic and social economic factors impact on overall healthcare cost and decentralization of healthcare setting which implies higher cost of expenditure. The relationship between healthcare expenditures and the expected health outcome it is not clearly explained by most of the studies, although evidence clearly demonstrates the positive relationship between spending on public health and health indicators. Another study by Bonilla (2010) studied the level, allocation and composition of public spending on healthcare programmes, in the evolution of health system during the transition towards decentralization in the developing countries and the study established that financial constrains during the transition period were reflected in the decreased healthcare quality, the collapse of the

existing public healthcare facilities and the increased incidence of out of pocket expenditure and these factors contribute to increase poverty that result to decrease in healthcare utilization.

John (2007) carried an examination to estimate the amount of additional resources needed to scale up newborn and maternal healthcare in the context of millennium development goals, his study established that projections of financial cost needed in the future can be used as starting point for resource mobilization. John suggested that a research should be carried out to measure the cost of healthcare system reform such as training, recruiting and retaining sufficient number of employees. Study by Borgi (2009) showed that coverage of cost effective maternal healthcare remains poor due to inadequate supply and insufficient demand for these services among the poor households, families pay a great share of the cost of maternal healthcare and some don't even seek it due to the cost and they can't afford it, there is a strong case for the complete termination of fees and to provide universal coverage for all expecting women, in this regard resource allocations needs to be increased in all public health center in emerging economies. Financing health care policy in sub-Sahara region is grouped into various categories such as improving management and allocation of existing healthcare resources, increasing private sector participation and rising revenue through cost recovery techniques.

Kenya Human development report (2012), shows that government funding of health expenditure is about sixty percent of what is required to provide minimum healthcare services which clearly show that healthcare in Kenya is underfunded. Kenya health policy 2012-2030 sponsors for shift towards increasing financial resources to community health programmes and preventive measures which are more cost effective in reducing diseases problem and occurrence. According to report county government's requirements to change the stress of primary healthcare to the natives themselves and their needs, strengthening and consolidation the local's capacity to shape their lives. Basic healthcare should be close to the people and should rely on the maximum use professional healthcare practitioners. According to Birken, Lee and Weiner (2012) Human resource development is vital part of rebuilding the healthcare sector but has received very little or no attention and at times it are often overlooked by decision makers.

### ***Contribution of Strategic Leadership on Health Service Provision***

A study by Lohrke, Bedeian and Palmer (2010) established that there is a direct link between participation of organization leadership and success of strategies in the workplace. They further also established that management commitment is a sound quality policy which states organization corporate vision and mission of the quality of the service or product the organization produces. According to Douglas, Coleman and Oddy (2009) for an organization to implement a strategic decision there are varying needs that influence the process such issues includes objectives, services and product required, the organization structure and the process involved. The leadership in organization provides a life line in action and strategy needed in the implementation process; studies have shown that the imperativeness of organization leadership and management is the key to



success of strategic plans. A study by Lohrke, Bedeian and Palmer (2010) established that there is a direct link between participation of organization leadership and success of strategies in the workplace. They further also established that management commitment is a sound policy which states organization corporate vision and mission of the product and service quality the organization produces. Organization leadership should show and develop quality management system and frequently rally its effectiveness by informing the organization the importance of meeting statutory and regulatory requirements as well as customers satisfaction; ensuring that resources required for the implementation of quality management system process are available, ensuring quality goals are established in all levels and functions, appointing representative to coordinate quality management system activities and also conducting management reviews. Leaders in organizations should guarantee that they communicate policies, strategies, principles and benefits to the personnel that are responsible and ensure they are well understood in all organization departments and levels.

According to Harms and Kumar (2010) profitability and efficiency within the organization will improve if organization leadership commitment in provision of direction to the workforce toward implementing the process mapping technique, which in return will provide awareness among the employees. Management teams that practice the organization leadership patronage have the primary basic functions of organizing, staffing, planning, directing, controlling and communicating. According to Harms and Kumar (2010) there are basic requirements of leadership that include supporting personnel as well as encouraging effective staff participation; developing clear, effective strategies and supporting plans for accomplishing the mission and objectives; developing and sharing corporate beliefs, values and objective of the mission statement; personal involvement and being a role model for culture of total quality management among others.

According to Cheng (2003) strategic leadership has the potential to motivate or demotivate the entire workforce, positive attitude enables organization to attain its aims and objectives, encourages team work among staff members and resource sharing. While negative attitude express cynicism about duties, insubordination and disinterest in working with fellow staff. The due further stated that creating teamwork often leads to considerable effect on all levels of innovation and learning that staff is involved in which has a significant implementation in terms of quality. According to Douglas, Coleman and Oddy (2009) teamwork structure is demonstrated in terms of cohesion level within the organization and has a significant effects on quality level of the organization services and products that are delivered to client. Organizations internal processes are mechanisms through which organization performance are achieved, customer based organisation measurements are vital at any given point and should be translated into measures which organization must address in order to meet customer expectations. Internal business process results leads to satisfied customers and financial success, therefore organization leaders needs to focus on critical internal process that's enable customers satisfaction. The literature shows that organizational leadership is the key to implementation of quality management system.

## 2.3 CONCEPTUAL FRAMEWORK

The study was guided by the following theoretical structure.

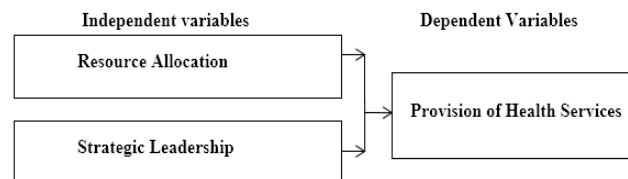


Figure 2.1: Conceptual Framework

## 2.4 RESEARCH HYPOTHESIS

**H<sub>01</sub>:** There is no significant relationship between resource allocation and health service provision.

**H<sub>02</sub>:** There is a significant relationship between strategic leadership and health service provision.

## 3. METHODOLOGY OF THE STUDY

Descriptive research design is appropriate for studies that have specific issues where problems have been defined (Mugenda & Mugenda, 2003). The issues in the study being to determine the effects of devolved government on health service provision in pastoral communities, are thus geared to address the essential why, who, when, what, and how questions in the research. The target population comprised of 65 staff from the department of health in County government offices, 201 staff from the referral hospital and 134 staff from six county hospitals which gives a total of 400 target population.

The study adopted a stratified sampling design. Kothari (2004) argues that a stratified proportional sample increases a samples statistical efficiency and provides adequate data for analyzing the various populations. The method is effective and allows tracking of data collection in an effective way. This method was appropriate since it gives all the respondents from each of the four strata equal chance to participate. Participants were selected proportionately to form a sample size were 10 respondents were selected from department of health county government offices, 101 were selected from the referral hospital and 34 were selected from the county hospitals forming a total of 145 respondents. Study used structured questionnaires with five point likert scale format to collect data especially primary data.

The pilot study was conducted on a selected 10 individuals from County offices in ....County to collect data to test reliability of the instrument and validity of the contents of the questionnaire. Reliability tests in SPSS Version 22 used Cronbach's alpha and returned value greater than 0.7 as shown in table 3.1 which meant instrument was reliable according to Mugenda and Mugenda (2003).



Table 3.1 Reliability Test Results

Variable	No. of Items	$\alpha$ = Alpha	Comment
Resource Allocations	7	0.810	Acceptable
Strategic Leadership	7	0.763	Acceptable
Provision of Health Services	7	0.879	Acceptable

Analysis of data was done using descriptive statistics using means and standard deviation. The relationship between the variables will be analysed using linear regression analysis. The regression models were of the form:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + e$$

The data analysis tools were simple tabulations and presentations of the report using spread sheets and SPSS. The data was presented using tables, charts and graphs. Quantitative and qualitative methods were both used for data analysis; Data was first coded then arranged in line with study variables from which each individual concept analysed and presentation made in order to meet study objectives, the study findings were tabulated and calculated and interpretation made.

The research was guided by the following ethics during the period of the study; Honesty- the research strived for honesty in all communications. Honestly report data, results, methods and procedures, and publication status. Objectivity- the researcher strived to avoid bias in experimental design, data analysis, data interpretation, peer review, personnel decisions, grant writing, expert testimony, and other aspects of research where objectivity was expected or required. Integrity- the researcher kept promises and agreements and acted with sincerity; strived for consistency of thought and action. Carefulness the researcher avoided careless errors and negligence; carefully and critically examined the research work and kept good records of research activities, such as data collection, research design, and correspondence with agencies or journals. Openness- Respect for Intellectual Property, the researcher honoured patents, copyrights, and other forms of intellectual property and finally Confidentiality- the researcher protected confidential communications, such as papers or grants submitted for publication, personnel records and patient records.

### 3.1 REGRESSION ANALYSIS

A multivariate regression model was applied to determine the form of relationship between devolved governments and health service provision in pastoral communities. The predictors were resource allocation and strategic leadership. The results are presented in table below.

Table 4.2 Regression Analysis model

Model	R	R Square	Adjust R Square	Std. Error
1	0.792(a)	0.627	0.554	0.289
Predictors:	(Constant),	Resource Allocation,	Strategic Leadership	

Predictors in the research study including resource allocations and strategic leadership remains constant. The Adjusted  $R^2$  as the coefficient of determination and shows an adjusted  $R^2$  value of 0.554. This shows that there was a variation of 0.554 between devolved governments, health service provision and the predictors. This is to mean that the independent variables: resource allocation and strategic leadership explained 55% effects of

devolved governments and health service provision at a 95% confidence level. Further testing of the model using the Analysis of the Variance (ANOVA) was done and results shown in the table 4.3.

Table 4.3: Analysis of Variance

	Sum of Squares	df	Mean Square	F	Sig.
Regression	4.701	4	1.175		
Residual	76.423	362	0.292	4.025	0.002(a)
Total	81.124	366			

a Predictors in the study that remains constant are resource allocation and strategic leadership

b Dependent Variable: Health service provision

The research adopted ANOVA to establish the appropriateness of the regression model to provide realisable results. An f-significance value of  $p = 0.002$  was established. The findings indicate the regression model has a less than 0.002 probability of providing a wrong prediction. Hence the regression model has a confidence level above 95%. The value of the critical F is 4.025, this value is less than the calculated F value of 4.733 thus the regression model is reliable.

The regression coefficients of the individual variances are shown in the Table 4.4.

Table 4.4: Regression of Coefficients Results

Model		Unstandardized coefficients		Standard coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.087	0.401		2.713	0.008
	Resource allocation	0.213	0.081	0.272	2.627	0.010
	Strategic leadership	0.242	0.106	0.242	2.289	0.025

Results in Table above shows that there is a positive relationship between health service provision and all the predictors as shown by beta coefficients: Resource allocation ( $\beta = 0.213$ ), Strategic leadership ( $\beta = 0.242$ ).

The regression equation established was as following

$$PHS = 1.087 + 0.213RA + 0.242SL + e$$

Where:

PHS = Provision of Health Services

RA = Resource Allocation

SL = Strategic Leadership

The study also establish that there is a significant relationship between health service provision and two dependent variable, resource allocation ( $p=0.010<0.05$ ) and strategic leadership ( $p = 0.025<0.05$ ). The implication is that, resource allocation and strategic leadership affect health service provision. An increase in any of the provision would definitely improve health service provision in pastoral communities.

#### 4. CONCLUSION

Devolution of healthcare services allows County governments to propose interventions and replicas that suit the exceptional health care needs in their contexts; which involves identification of enough area for determination of health management system and local priorities; quick decision making on mobilization of resources, spending and allocation and provision of leadership when management issues arise. The constitution 2010 brought serious reforms in policy, governance, law and institutions. This brought new hope to Kenyans who believed that the nation will never be the same again due to the changes that devolution will come with in the transformation process. The transformation would depend on the avenues to follow whether, fundamental or inaudible in order to bring the reforms that changes the economic scenario which is identified with backwardness to self-assurance of development in the region. Decentralization of health system is a major issue and also a key determinant for development and achieving healthcare for all.

The Kenyan constitution that was enacted in 2010, provides a legal framework for a widespread rights based approach in healthcare service delivery, it provide that every person has the right to be provided with the highest achievable standard of health that include right reproductive health, right to reasonable sanitation standards, right to safe and clean drinking water and adequate quality food. Article 174 of the constitution of Kenya clearly pronounces the foundation behind devolution such as equitable sharing of resources, economic development, and self-governance among others. Leadership principles including; impartiality and objectivity while marking decision that is not influenced by trustworthiness, favouritism, prejudice, accountability, avoidance of conflict of interest and provision of service to the people are all key contributors to effective devolution. The leadership and governance role of local Government needs to provide quality service to the local people and the county and government leaders providing a leadership role in provision of best performance.

Devolution of healthcare services allows county governments to propose interventions and replicas that suit the exceptional health care needs in their contexts; which involves identification of enough area for determination of health management system and local priorities; quick decision making on mobilization of resources, spending and allocation and provision of leadership when management issues arise. The pastoralist communities have over the years suffered marginalization by the Kenyan government thus feeling of exclusion from the country development. The problem is that both the national and county government has failed, over the years to recognize the rights and special needs of the pastoralist communities. It is imperative to understand the interests of the pastoralists and identify ways of protecting those interests in the devolved governance.

#### 5. RECOMMENDATIONS

The County Government of Wajir should work closely with commission of salaries and remuneration to ensure that the employees of the county government are well remunerated in order to be motivated hence better and

improved service delivery, the human resource department should ensure that they employ adequate staff members in order not to over stretch the few existing ones. Training of staff should be carried on a regular basis and should be based on merit.

Governor and county officials of Wajir County should develop and formulate guidelines, governing structure and strategic plans for effective implementation of county resources and revenue that will enable provision of quality healthcare, proper use resources allocated and management of the existing health facilities and resources. They should also lobby for the increase of budget allocation from central government.

The County Government of Wajir should embrace the use of technology in daily operations of the county healthcare and other county operations this is more effective and reduces malpractice in running of county affairs, adoption of electronic procurement removes bureaucracy and monitors what comes in and goes out. All infrastructures that are not in use should be repaired and infrastructure development incentives should be well documented.

Staff motivation affects performance; The County Government of Wajir should not only remunerate their staff fairly according to responsibilities and duties they perform. Human resource manager at county should ensure that promotions are awarded on merit and employee satisfaction level increases through fair and equitable pay. Employee Motivation is a fundamental function of the governor of Wajir through the human resource department should address issues such as performance management, job values, pension, rewards management, contingent pay and employees benefit. Motivation practices in organization should take in to account values, strategies and goals.

The County Government of Wajir should invest in regular staff training and development in order to improve and develop human capability. The County Government of Wajir should involve employees in decision making this makes the employee identify themselves with the organization. Training and development is a useful tool for employees to perform their jobs, if training and development programmes are periodically arranged employees skills are regularly improved hence better performance, The County Government of Wajir should know that Training and development of individual staff enhances satisfaction as well as performance.

## 6. REFERENCES

- Ajzen, F. I. (1980). *Theory of Planned Behavior: Understanding Attitudes and Predicting Social Behavior*. Englewood Cliffs: Prentice-Hall.
- Anderson, G. and Gatignon (2012). Motivating the Employee in the Independent Retail Sector. *Journal of Retailing and Consumer Services*, 43, 201-208.
- Atieno, P. J., Nancy, E., & Spitzer, D. (2014). Kenyan nurses involvement of resources in national policy development process. *Nursing Research and Practice*. Volume 14.

- Bashasha, B., Najjingo, M., & Nkonya, E. (2011). Decentralization and Rural Service Delivery in Uganda. Kampala : International Food Policy Reserach Institute.
- Birken, S., Lee, S. Y., & Weiner, B. (2012). Uncovering middle managers role in healthcare innovation implementation. *Implementation Science*. Volume 7 issue 1, 28.
- Bonilla, S. E. (2010). The Influence of Supply and Demand Factors on Aggregate Health care Expenditure with a Specific Focus on Age Composition. Brusells.
- Borg, R., & Gall, W. (2009). Educational Research- An Introduction. New York: Flipkart Books.
- Borgi, L. E. (2009). Strategies to Increase Demand for Maternal Health Services in Resource-Limited Settings. Geneva : The World Bank.
- Cheng, S. (2009). Board Size and the Variability of Corporate Performance. *Journal of Financial Economics*, 87, 157-176.
- Cooper, D., & Schindle, P. (2008). *Business Research Methods*. (8th Edition) . New Delhi: Tata McGraw Hall.
- Devolution Policy. (2015). Draft Policy Paper. Nairobi: Government Printers.
- Douglas, A., Coleman, S., & Oddy, R. (2009). Perspective: The Case for ISO 9000. *The TQM Magazine*. Vol 15 (5).
- Folanard, B. (2015). From Leader to Leadership: Clinician Managers and Where to next. *Australia health review* volume 34 issue 3, 344-452.
- Government of Kenya. (2011). Final Report of the Task Force On Devolved Government- A Report on the Implementation of Devolved Government in Kenya, Task Force on Devolved Government of Kenya. Nairobi: Government Printers .
- Goguen, C., & Burstall J. (1984). Does Performance pay Increase Job Satisfaction. London: Britannica.
- Harms, D., & Kumar, H. (2010). The Importance of Strategic Management Process in the Knowledge-Based Economy. *Review of International Comparative Management*. Vol 10 issue 1.
- John, A. (2012). The pan-European customer satisfaction index programme-current work and the way ahead. *Total Quality Management*, Vol. 11 No. 8, 109-116.
- Kothari C. R (2004) *Research Methodology*. 4<sup>th</sup> Edition. Nairobi Kenya New Age Internal Publishers.
- Kombo, W. and Tromp, P. (2009). *Business Research Methods*. 8th Edition. New York: McGraw-Hill Publishers.
- Lohrke, F. T., Bedeian, A. G., & Palmer, T. B. (2010). The Role of Top Management Teams in Formulating and Implementing Turnaround Strategies. *Journal of Industrial Relations* Vol 5/6.
- Mosca, A. (2007). The determinants and effects of health expenditure in developed countries. *J Health Econ*. 1992;. *Journal of Health Economics* 11(2), 173–181.
- Mugenda, O., & Mugenda, A. (2003). *Research Methods: Quantitative and Qualitative Approaches*. Nairobi: African Centre for Technology Studies.
- Muula, D. H. (2007). Constraints to Implementing the Essential Health Package in Malawi. London: London School of Hygiene and Tropical Medicine.,.
- Othman, T. (2006). *The New Institutionalism in Organizational Analysis*. Chicago.
- Terance, C. A. (2013). *Performance Measurement to Evaluation*. Washington, DC: Urban Institute.